

CoventryCares
of Kentucky

2012

Annual analysis and assessment of Provider Satisfaction survey with
CoventryCares of Kentucky: Report 95

Annual
Assessment
of Provider
Satisfaction
Survey for
Kentucky

CoventryCares of Kentucky
Medicaid Region
Annual Assessment of Provider Satisfaction Survey for Kentucky in 2012

Purpose:

To review and identify the overall level of provider satisfaction with CoventryCares of Kentucky. These results are used by CoventryCares of Kentucky and its subsidiaries to improve the delivery of health care services and customer service provided to our providers. The survey will assist CoventryCares of Kentucky to monitor trends, acquire goals, compare and set benchmarks. We acquired provider satisfaction with CoventryCares of Kentucky related to the following:

- ✓ Customer service
- ✓ Utilization Management (UM)
- ✓ Quality of care
- ✓ Disease Management (DM) programs
- ✓ Appeal process

Methodology:

A random group of Providers were selected. When calling into customer service, providers were asked to complete the survey. For all other providers, a fax blast was sent asking them to go on-line and access the survey link at CoventryCares of Kentucky and complete the "Satisfaction Survey for Providers." A total of 685 surveys were sent with a response total of 186 Provider Satisfaction Surveys completed. The breakdown of the response rate is reflected in the table below:

	<u>Phone/Email Surveys Sent</u>	<u>Mail Returns</u>	<u>Responses</u>	<u>Response Rate</u>
<u>Kentucky-Phone/Email</u> <u>(Provider calls to CSO)</u>	<u>685</u>	<u>70</u>	<u>148</u>	<u>24.1%</u>
<u>Kentucky-Fax Blast</u> <u>(CCKY Provider web site)</u>	<u>NA</u>	<u>NA</u>	<u>38</u>	<u>NA</u>

To reduce possible confusion and respondent burden, the sample was de-duplicated so providers with multiple practice locations and provider groups with multiple providers only received one survey. Responses were entered into an Access database and tabulated using Excel software. Survey questions were measured on a 1 to 5 point scale from low to high, with 5 being highest.

Key indicators measured by the 2012 Provider Satisfaction Survey are as follows:

- Overall customer service
- Effort put forth to resolve an inquiry
- Efficiency
- Experience with on-line services
- Comparison to competitors
- Overall Experience related to:
 - Utilization Management
 - Quality of Patient Care
 - Disease management programs
 - Practice Guidelines
 - Peer review and UM decisions
 - Appeals process
 - Authorization process
 - Knowledge base of nursing staff

Goals:

To achieve Provider Satisfaction Survey scores indicating a level of satisfaction score of 3 or greater for each question.

Results and Analysis:

CoventryCares of Kentucky had a total of 186 provider responses, 148 from the CSO phone call/email process and 38 from the provider fax blast. On average, the responses from the CSO phone call/email were higher than average, ranging from a score of 2.81 (providing enough information about what services are covered or not covered) to 4.5 (friendliness and courtesy of customer service representative). On average, the responses from the fax blast results were below average, ranging from a score of 1.79 to 2.56. This brought the overall average score down to 2.8, which was less than our goal of 3 or higher. The comparisons are shown in the breakdown below under questions and responses. Answers are broken down respectively by the CSO/phone/email responses, provider fax blast, and overall average for both.

Benchmarks:

This is the first Provider Satisfaction Survey for CoventryCares of KY and will be used as a baseline and benchmark for the Provider Satisfaction Survey in 2013. Since there was not a KY Provider Satisfaction Survey previously, these results have been benchmarked against Coventry Cares system wide Medicaid results for 2011. For the purpose of this report, benchmarking any result that falls within $\pm 1.0\%$ of the Coventry system wide result is considered equal to the Coventry system wide result.

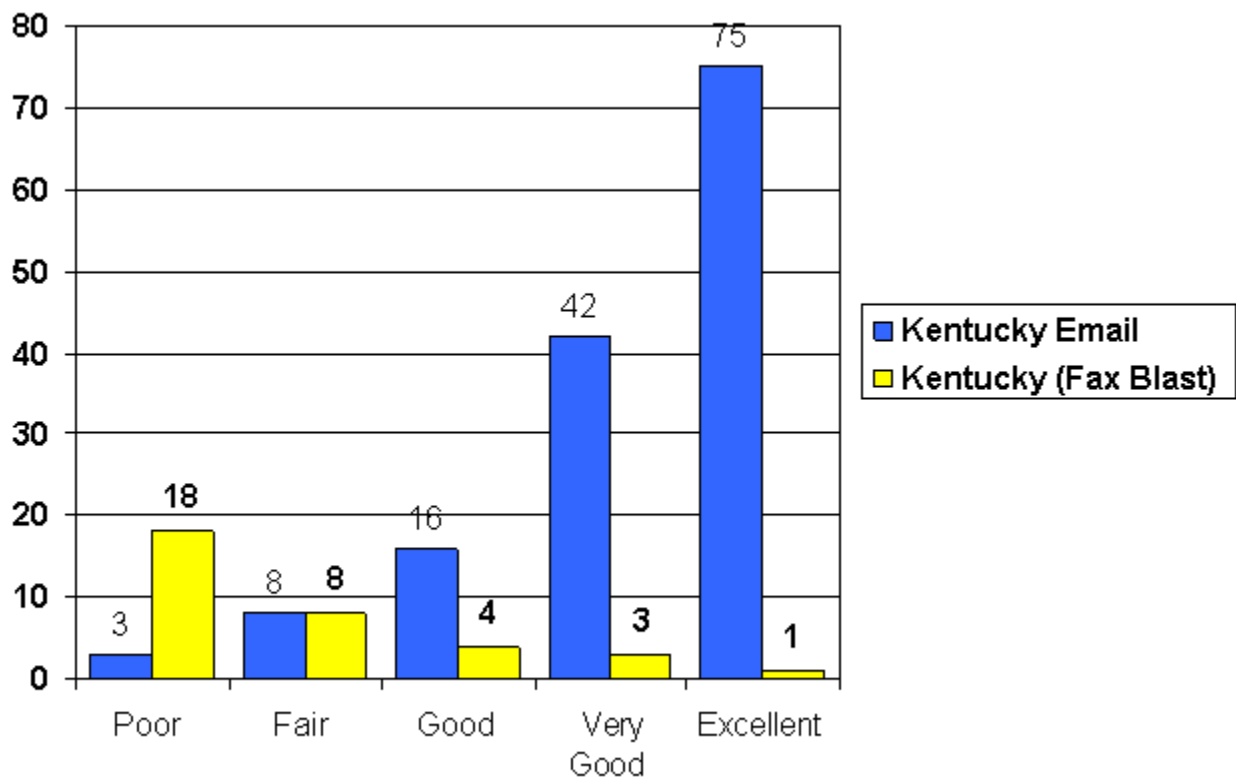
The areas of improvement in 2012 were noted and are as follows: The overall response rate was 24.1% as compared to 15.7% for 2011. Customer service experience was rated as excellent by 75% of providers who spoke with a representative compared to 7% in 2011. Areas that did not improve in 2012 compared

to 2011 include the successful resolution of inquiries, and how many times a provider had to call the call center for the same issue. When questioned what we could do better to provide better service 29.5% of providers surveyed in 2012 noted the claims or payment process compared to 9% for 2011. Other areas suggested for improvement include service improvements, 22% as compared to 11% in 2011, and improvement in the authorization process, 17% compared to 7% in 2011.

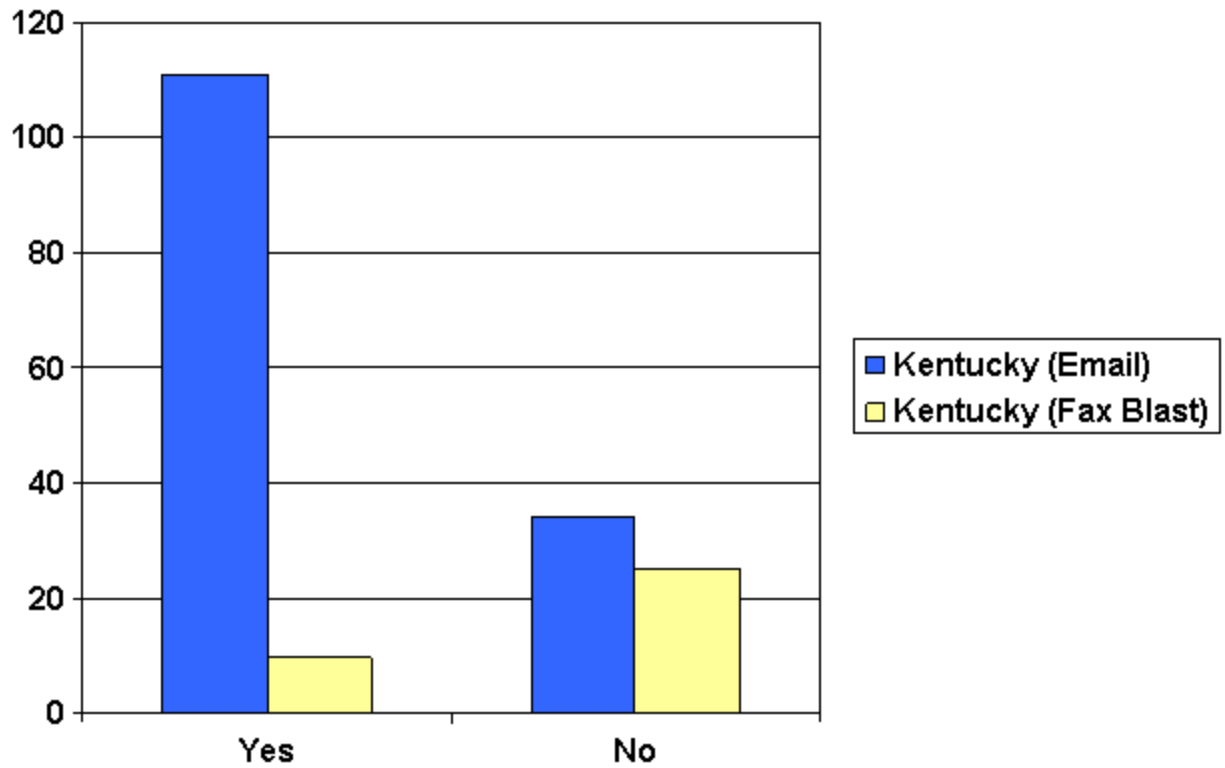
Questions and Responses:

Questions and Responses below are broken down individually by CSO phone/Email responses, Provider Fax blast, and overall average for both respectively by percentages and 5 point scale.

1. Please rate the customer service experience you had with CoventryCares of Kentucky.

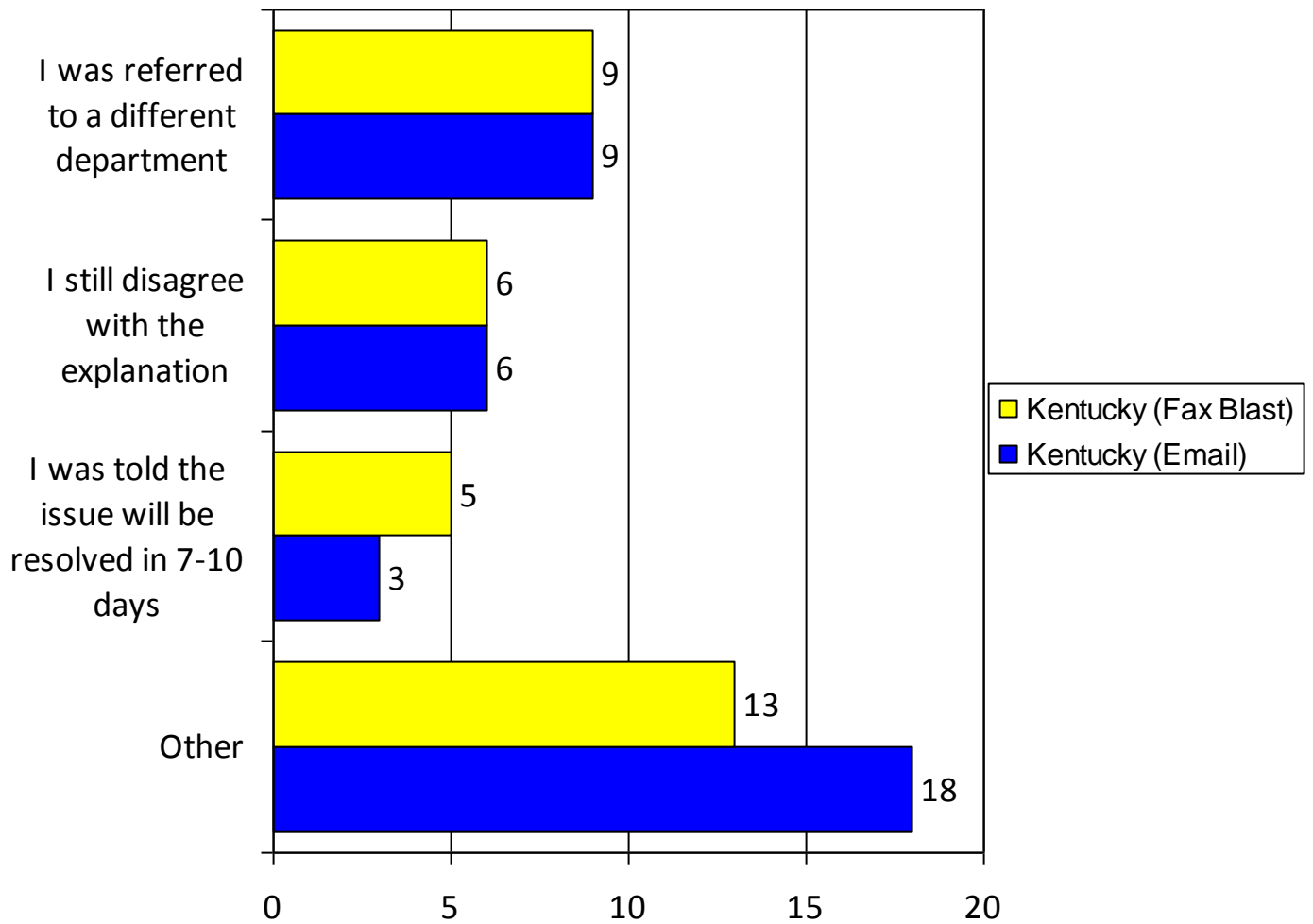


2. Was the Coventry customer service representative able to resolve your inquiry/request at the time of the call?

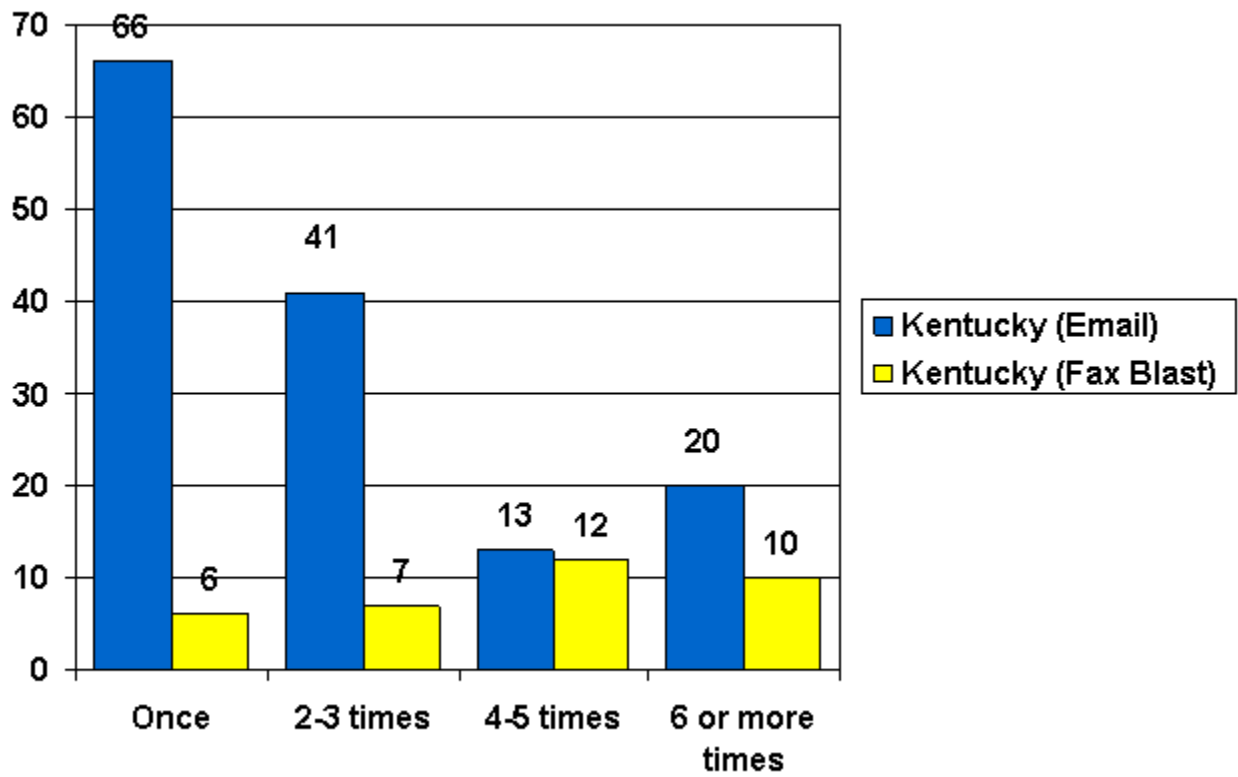


Perceived Resolution	2012
Kentucky (Email)	76.6%
Kentucky (Fax Blast)	28.6%

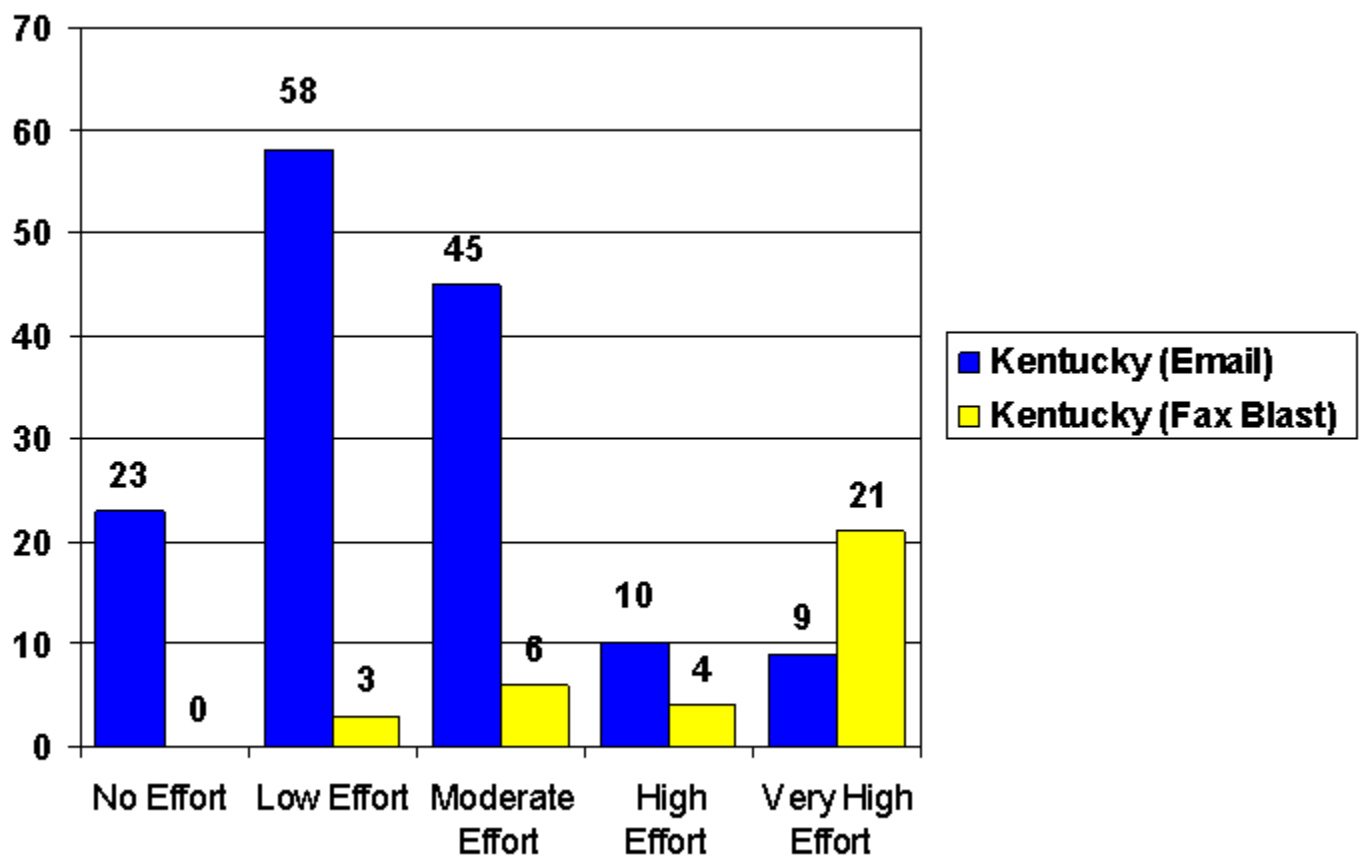
3. If you answered "No" to the previous question, why was the representative not able to resolve your inquiries? (Email and Fax Blast)



4. On average how many times do you usually have to call the customer service center regarding the same issue? (Email and Fax Blast)



5. On this call, how much effort did you personally have to put forth to handle your request? (Email)
 How much effort did you personally have to put forth to handle your request? (Fax Blast)



Percentage of No Effort	2012
Kentucky (Email)	15.9%
Kentucky (Fax Blast)	0.0%

6. Please rate the following aspects of your customer service experience (Email and Fax Blast)

	Top 3 Box (Percent saying Excellent, Very Good or Good)	Top Box (Percent saying Excellent)	Bottom Box (Percent saying Poor)	Rating (5 point scale with 1 poor and 5 excellent)
Ability to reach a representative who could help you	56.70%	1.61%	27.17%	2.81
Promptness with which a representative answered the phone	73.45%	1.60%	11.46%	3.19
Friendliness and courtesy of the representative	72.95%	1.76%	14.30%	3.44
Genuine concern shown by the representative	61.20%	3.09%	24.31%	3.11
Knowledge / Accuracy of the representative	57.30%	3.18%	30.92%	2.96
Clarity of the explanation provided by the representative	61.60%	3.09%	30.01%	3.02
Thoroughness and resolution of your issue by the representative	58.70%	3.08%	32.87%	2.94

7. In general, how much do you agree or disagree with Coventry Healthcare in regard to: (Email and Fax Blast)

	Top 2 Box (strongly agree, agree)	Top Box (Percent saying strongly agree)	Bottom Box (Percent saying strongly disagree)	Rating (5 point scale with 1 strongly disagree and 5 strongly agree)
Has Utilization guidelines that are clinically appropriate	57.85%	6.17%	2.25%	2.44
Is committed to	56.85%	7.42%	2.57%	2.41

improving the quality of patient care				
Provides enough information of what services will or will not be covered	52.60%	7.17%	3.76%	2.37
Has disease management programs available to assist the plan enrollees	57.55%	6.64%	1.04%	2.73
Has utilization and case management staff that is courteous and knowledgeable	60.45%	9.94%	2.23%	2.55
Offers an appeal process if you disagree with a utilization management decision	67.05%	8.42%	0.58%	2.60
Completed UM decisions in a timely manner	57.40%	7.87%	4.82%	2.48
Has peer reviewers available for peer to peer discussions on UM decisions	60.80%	6.96%	3.00%	2.70
Has an easy process to obtain an authorization	59.80%	6.44%	3.25%	2.50
Completes authorization request in a timely manner	59.55%	6.84%	2.82%	2.55
Ease and Accessibility of directprovider.com	71.55%	8.00%	9.80%	2.79

8. How do you feel Coventry compares to competitors in regard to: (Email and Fax Blast)

	Top 3 Box (Percent saying Excellent, Very Good or Good)	Top Box (Percent saying Excellent)	Bottom Box (Percent saying Poor)	Rating (5 point scale with 1 poor and 5 excellent)
Overall	50.40%	6.57%	31.90%	2.55
Customer Service	50.05%	1.28%	27.25%	2.66
Utilization Management processes	56.80%	8.10%	25.60%	2.67
Efficiency in getting you the information needed	50.05%	10.00%	37.90%	2.50
Knowledge of the nurses hospital stays or preauthorization request	58.65%	11.00%	18.60%	2.83
The number, locations and variety of specialist on the Coventry providers panel to choose from for referrals	56.20%	9.00%	15.8%	2.82
Feedback provided to you by the specialist when you refer patients	58.35%	9.90%	12.8%	2.92
Online services such as directprovider.com	62.45%	11.45%	15.50%	2.93
Timeliness of claims payment (fax blast only)	31.40%	6.30%	37.50%	2.14

9. Tell us one thing we could do to better service you.

- Positive Comments (pleased with the service and had no suggestions for improvement) (13.5%)
- Claim process or payment suggestions (29.5%)
- Service improvements (22%)
- Improve our web services (8%)
- Improve IVR prompts and menus (10%)
- Improve the authorization processes (17%)

Provider Satisfaction Survey Barriers:

- New Plan-growing pains during the transition and increase of managed care members
- Provider frustration experienced during the transition of members
- Increase volume of calls to CSO generated by open enrollment
- Missed target for average speed of calls by CSO in November 2012 due to increased volume and open enrollment
- Initially had inaccurate provider contact information.
- Changes in policy and processes during the reporting period in 2012
- Training needs (lack of education in certain areas)
- Staff turnover

Implemented and Planned Interventions:

- Targeted training was implemented last quarter to address deficiencies in staff training and claims interpretation. CSO is tracking and monitoring effectiveness of processes to ensure obligations to providers are met.
- Concurrent Review has filled a position in the 4th quarter of 2012 for a full time auditor/trainer to address and improve training needs.
- Increase in staffing was completed last quarter to decrease the average speed of calls answered at the call center.
- Training, tracking, monitoring and evaluation of programs and projects have increased in the last 2 quarters of 2012. Processes are now in place. Modifications will continue on a regular basis as needed. The CSO Department monitors all inventory levels/metrics during daily planning sessions and weekly operations and project calls. Claims, activity and project inventories are monitored weekly. In addition, more focused work groups have been established to track specific multi-functional initiatives.
- Disease management programs, clinical practice guidelines and immunization guidelines have been posted on the CCKY Provider web site since the survey began. Providers were informed via fax blast. The disease management programs will be fully implemented in 2013.

Interventions Continued:

- Provide continuous training and education for all staff that come into contact with providers. The Provider Relations department conducts quarterly trainings. The Concurrent Review department assesses and addresses this ongoing and when provider network changes occur. The Customer Service department will provide monthly refresher training on phone quality outliers to keep our staff educated on potential impacts to providers.
- Educate providers about the proper Coventry Cares of Kentucky contact channels, including workflow to help expedite the resolution of issues and improve staff communication and outreach skills. During provider customer service phone calls they will be reminded of our directprovider.com site when appropriate. Providers are sent fax blast quarterly to address and educate in areas that have been identified.
- Increase outreach visits to provider's offices. The Provider Relations Representatives are monitored on the number of visits they make per month and during the year to determine if more resources are needed or necessary to increase provider visits.
- Continuous education to providers on our new and current policies, processes and time frames. The Provider Relations department sends out fax blasts to providers as needed to update and educate Providers on changes to policies and procedures. Daily education occurs with the CCR department by staff speaking to Providers.
- Placement of on-site Case Management (CM) nurses at large facilities and NICUs. CM department currently has an onsite CM in the NICU at University of Kentucky.
- Increase Manager Involvement with provider issues and requests.
- The Concurrent Review Department will be working to facilitate more telephonic reviews and investigating the placement of onsite Concurrent Review staff at larger facilities. A goal to have onsite review nurses present at University of Louisville starting the first quarter 2013.
- The plan is working with Prior Authorization (PA) to resolve questions or issues providers may have with authorization. Weekly PA meetings occur to discuss issues relating to process, complaints and/or concerns.
- A thorough follow-up will occur, as needed, to all providers requesting or requiring follow-up to any issue and/or concern. Navigator activity reports are run daily by CSO, reviewed and activities are resolved as they are received.
- A detailed quality focus audit to review accuracy of claims payment was completed in 2012 by the CSO department.
- Stream lining of new and current policies and processes to insure efficiency for providers.